

SYSTEM ACCESS NOMINATION AND AUTHORIZATION REQUEST (SANAR)

Privacy Act Statement

AUTHORITY: Public Law 99-474, the Counterfeit Access Device and Computer Fraud and Abuse Act of 1984, authorizes collection of this information.
PURPOSE AND USE: The information will be used to verify that you are an authorized user of a U.S. Department of the Army civilian personnel automated information system (AIS) and/or to verify completion of your government personnel security investigation. Although disclosure of the information is voluntary, failure to provide the information may impede or prevent the processing of your SANAR.

DISCLOSURE: Disclosure of records of the information contained therein may be specifically disclosed outside the Department of Defense (DOD) according to the Blanket Routine Uses set at the beginning of the compilation of systems of records, published annually in the Federal Register, and the disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act.

PART I (To be completed by the **Nominee or User** for access with Information Assurance Officer assistance.)

1. User ID (If known or already established):

2. Submission Date:

3. Name (Last, First, Middle, Military Rank or Civilian Title, PP-SERS-GR):

4. Expiration Date (*for access requirement*):

5. Action or Access Required (Use the DCPDS User ID Request Worksheet as necessary.):

Complete the Items 6 through 11 below only if this is an initial request for an account or if the information previously provided has changed.

6. Social Security Number/KN ID:

7. Date of Birth:

8. Phone _____ DSN: _____

DSN:

9. IP Address (or address range):

Commercial:

10. Mailing Address (duty):

11. E-Mail Address: (AKO ONLY! i.e. first.last@us.army.mil)

12. STATEMENT OF ACCOUNTABILITY: I understand my obligation to protect my password. I assume responsibility for the data and system to which I am granted access, in accordance with applicable policy and guidance. I will not exceed my authorized access, and will report changes in my need-to-know authorization, employment or duty status, or security status immediately to my Information Assurance Security Officer (IASO). I have completed security training and have read, signed, and agreed to comply with provisions of the Security *Features User's Guide (SFUG)* for the systems requested.

Nominee's Signature:

X

Date:

PART II *(To be completed by Federal government **Supervisor** or Manager of the Nominee or User.)*

13. Name and Title:

14. Phone:

15. Organization:

16. SECURITY INVESTIGATION: The nominee has been subject of a favorably adjudicated Personnel Security Investigation, which is valid and sufficient to satisfy Army and DOD regulatory requirements pertaining to the sensitivity of the requested access and supported duties. The sensitivity of the nominee's position has been designated in accordance with regulation. If the position is designated sensitive, the incumbent is a U.S. citizen or has been approved by an official designated in regulation:

Yes

☐

No

For more information about this requirement, refer to Security Qualifications, on the PERMISS menu, under the Tools menu, on <http://CPOL.army.mil>

17. VERIFICATION OF NEED-TO-KNOW AND SECURITY INVESTIGATION: *(The verifier of need-to-know and security investigation must be a government employee--the supervisor for a government-employed nominee, or the Federal government manager or sponsor for a non-government-employed nominee.)*

I have reviewed the information contained in this request. I certify that this nominee requires access as requested in the performance of his/her job function. I also certify that the requirement, for a Personnel Security Investigation, and other regulatory requirements associated with the sensitivity of the requested access and related duties have been satisfied (as indicated in Item 16). I will assure that changes in this nominee's need-to-know authorization, duty or employment status, or security status are promptly reported to the nominee's IASO.

Supervisor's Signature:

X

Date:

PART III (To be completed by Nominee's organization **Information Assurance Security Officer.**)

18. Name:

19. Phone:

20. E-mail:

21. ORGANIZATION IASO APPROVAL: I have reviewed this request and assure that the responsible individuals have correctly completed their respective parts and the nominee has received initial training in secure and appropriate use of the account. I will ensure that the nominee receives annual security training, monitor the security status of the nominee and account, and promptly report all incidents and changes to the designated installation IASO or Information Assurance Manager.

Organization IASO's Signature: **X**

Date:

DCPDS User ID Request Worksheet

A Systems Access Nomination and Authorization Request (SANAR) Form SAMR-CP-PSM must accompany this worksheet. The SANAR form must be completed **legibly**, signed, and received by the Civilian Personnel Operations Center Help Desk before any accounts can be issued. The SANAR Form can be found on the CPOC's Website.

Please complete the following information for each employee and forward to appropriate CPAC.

Date: _____

Requested Action

Title (Mr./Ms./CPT/etc), Name, Phone	
New User Request: <input type="checkbox"/>	Replaces User: <input type="checkbox"/>
Change User Request: <input type="checkbox"/>	Delete User: <input type="checkbox"/>

DCPDS User Build Organization Information

Unit Identification Code and Org Component:	
Work Center Code for NAF:	

Requested Responsibility (CPAC/CPOC only)

REGIONAL SERVICE CENTER (CPOC)	<input type="checkbox"/>	Business Objects	<input type="checkbox"/>
CIVILIAN PERSONNEL ADVISORY CENTER (CPAC)	<input type="checkbox"/>	RESUMIX	<input type="checkbox"/>
STAFFING (CPOC)	<input type="checkbox"/>		
CLASSIFICATION (CPOC)	<input type="checkbox"/>		
GATEKEEPER Function (CPAC/CPOC)	<input type="checkbox"/>		

Requested Function (MANAGER/RMO)

ADMINISTRATIVE PERSONNEL	<input type="checkbox"/>	Type of records to be accessed:	
SUPERVISOR/MANAGER	<input type="checkbox"/>	US - AF	<input type="checkbox"/> US - NAF
RESOURCE MANAGER	<input type="checkbox"/>	LN - AF/NAF	<input type="checkbox"/>
GATEKEEPER FOR MANAGERS	<input type="checkbox"/>	GATEKEEPER FOR RMO	<input type="checkbox"/>

Requested Signature Access (MANAGER/RMO)

RPA Initiator	<input type="checkbox"/>
RPA Requestor (Block 5)	<input type="checkbox"/>
RPA Authorizer (Block 6), Supervisors/Managers ONLY	<input type="checkbox"/>
Reviewer (RMOs Only)	<input type="checkbox"/>

Requested Signature Access (CPAC/CPOC only)

Personnelist (CPAC/CPOC Use Only)	<input type="checkbox"/>
Approver (CPOC Use Only)	<input type="checkbox"/>

OTHER

CSU/ART Account	Admin Personnel	<input type="checkbox"/>
	Supervisor/MGR	<input type="checkbox"/>
	Military/External	<input type="checkbox"/>
OPF Tracker	<input type="checkbox"/>	
BOA User Account	<input type="checkbox"/>	

Request for Personnel Action (RPA) Information

--- FOR SYSADMIN USE ONLY ---

Smart RPA Number	
Group In-Box Name	
Secure User ID:	
User ID Created :	
Date User ID Created	
User ID Created By:	

CONTAINS PRIVACY ACT INFORMATION: SAFEGUARD IN ACCORDANCE WITH THE PRIVACY ACT OF 1974.

CFD Signature for Review

Date